

OSCE PRACTICE

Basics

- ▣ Wash Hands
- ▣ Greet SP warmly
- ▣ Give Consent piece
- ▣ Know you will have a plan at the end of the visit
- ▣ 15 minute limit
- ▣ Try to touch on each category

Consent

- ▣ “I ask all teenagers the same series of questions”
- ▣ Sex life legally protected
- ▣ Drug, alcohol, mental health protected unless harm to self or others
- ▣ Risk assessment is recorded in the medical record

HEADSS/Home

- ▣ Who lives with you?
- ▣ Do you feel safe
- ▣ Firearms at home?
- ▣ How are you disciplined?

Education

- ▣ What grade are you in? Where?
- ▣ What are your favorite subjects? Grades in those?
- ▣ What are your least favorite? Grades in those?
- ▣ Any failing grades?
- ▣ Any missed days in the last 12 weeks of school?
- ▣ Any learning difficulties?
- ▣ Do you feel safe in school?

Activities/Safety

- ▣ How much Screen time?
- ▣ Hobbies? Clubs?
- ▣ Best Friend?
- ▣ Wear a seat belt when in the car?

Drugs

- ▣ Do your friends drink alcohol?
- ▣ Do you?
- ▣ Do your friends use street or prescription drugs?
- ▣ Do you?
- ▣ Do you use tobacco?
- ▣ If yes, quantify!!

Sex

- ▣ Have you ever had sex?
- ▣ Boy, Girl or both?
- ▣ Do you have safe sex (condoms?)
- ▣ Do you use/have your partner use contraceptives?
- ▣ Have you had a STI?
- ▣ Ever been pregnant/ gotten a girl pregnant?
- ▣ Anyone ever forced you to do anything sexual?

Depression Screen

- ▣ Do you ever feel hopeless or worthless?
- ▣ Do you ever think about hurting yourself? Have you ever tried to hurt yourself?
- ▣ Yes to either? Question about symptoms-sleep, appetite, social, concentration, effect on others?